



**SAN DIEGO POLICE DEPARTMENT - PERMITS AND LICENSING**  
**1400 'E' STREET, MS-735, SAN DIEGO, CA 92101**  
**(619) 531-2250**



## **MONEY EXCHANGE HOUSE**

San Diego Municipal Code, Section 33.0101(c) states you must have a valid police permit to operate a business designated as police regulated. You are responsible for being familiar with and complying with the rules and regulations related to Money Exchange Houses. Copies of the Money Exchange Ordinance and General Divisions for police regulated activities may be obtained from the City Clerk's office located at 202 C Street, 2<sup>nd</sup> Floor, Telephone # (619) 533-4000 or via the City's website: [www.sannet.gov/\(Department, City Clerk, Documents, Municipal Code\), SDMC Chapter 3, Article 3, Division 43 and Divisions 1-5](http://www.sannet.gov/(Department, City Clerk, Documents, Municipal Code), SDMC Chapter 3, Article 3, Division 43 and Divisions 1-5).

To legally operate a Money Exchange House, it is suggested you first obtain the following:

### **ZONING APPROVAL**

City of San Diego Development Services  
1222 First Avenue (Third Floor)  
San Diego, CA 92101 (619) 236-6490

### **PLEASE PROVIDE ALL OF THE FOLLOWING WHEN APPLYING FOR THE POLICE PERMIT:**

- **Police Permit Application** (one for each corporate officer/partner/owner) and a **Business Addendum**
- **MONEY EXCHANGE RECEIPT**
- **INVESTIGATIVE FEE** - Cash, check, cashier's check or money order for a **non-refundable** Investigative Fee of **\$104.00** must be submitted along with your application. (Please make check, cashier's check or money order payable to **CITY TREASURER**.)
- **REGULATORY FEE**- Check, cashier's check or money order for an annual Regulatory Fee of **\$505.00** must be submitted along with your application. This fee will be deposited upon approval. (Please make check, cashier's check or money order payable to **CITY TREASURER**.)
- **LIVE SCAN FINGERPRINTS** are **required** for all new applicants. Fill out the attached "Request for Live Scan Service" form and bring it with you to the Live Scan agency. (See attached list of locations.) Contact Agency for up to date hours of business. **The completed "Request for Live Scan Service" form is valid for only thirty (30) from the date your fingerprints were taken. After thirty (30) days you will be required to re-do your Live Scan fingerprints.**
- **PHOTOGRAPHS** - Cash, check, cashier's check or money order for photo permit for each owner/ officer/partner in the amount of **\$15.00** each. Each owner/officer/partner must be present when the application is submitted to the Permits & Licensing Office.
- **BUSINESS TAX CERTIFICATE** can be obtained from the San Diego City Treasurer's Office, 1200 Third Avenue (1st Floor), San Diego, CA 92101 - Phone (619) 615-1500.
- Copy of your **lease/rental agreement** from your landlord or property title.
- Copy of Registered Fictitious Business Name-Recorder/County Clerk (619) 237-0502.
- **No OUT OF STATE CHECKS will be accepted.**
- A criminal record check will be made on each applicant.
- There is a 30-day investigation period that starts at the time your application is submitted.
- Application must be **renewed** each year before the expiration date.



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Telephone No.: (619) 531-2250



**APPLICATION**

**TYPE OF PERMIT:** \_\_\_\_\_

☐ Owner      ☐ Employee      ☐ Partner      ☐ Corporate Officer      ☐ LLC

Date of Birth: \_\_\_\_\_ Driver's License/ID #: \_\_\_\_\_ State: \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_

Other Names Used: (Maiden, Alias, Etc.) \_\_\_\_\_ Last First Middle Stage Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Res. Ph. ( ) \_\_\_\_\_ Bus. Ph. ( ) \_\_\_\_\_ Cell Ph. ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Internet Web Site Address/Auction Site User Name: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

**Business Where Applicant Expects to be Employed:**

Business Name: \_\_\_\_\_ D.B.A.: \_\_\_\_\_

Business Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**1. List previous residence addresses for the last five (5) years:**

Complete Addresses last five years		Year Date From	Year Date To
1			
2			
3			
4			
5			

**FOR OFFICE USE ONLY**

App. Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_ Received by: \_\_\_\_\_ ☐ Live Scan Rec: \_\_\_\_\_

Records Check: \_\_\_\_\_ ☐ RI01 ok or \_\_\_\_\_  
Initials/ID #

Approving PCCO: \_\_\_\_\_ Date: \_\_\_\_\_

2. List previous occupations, places of employment and/or schooling for the last five (5) years.

1	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
2	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
3	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
4	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO
5	PLACE OF EMPLOYMENT	OCCUPATION	
	ADDRESS & PHONE	DATE FROM	DATE TO

3. List similar permits or licenses issued by any agency or board, or any city, county, state or federal agency in the past five (5) years. IF NONE, INITIAL HERE: \_\_\_\_\_

	TYPE OF LICENSE	LICENSE NUMBER	DATES HELD	CITY AND STATE
1.				
2.				
3.				

4. Have you ever had any permit or license issued by any agency or board, or any city, county, state or federal agency suspended or revoked? Yes ( ) No ( )

If yes, please complete below:

	CITY/STATE	DATE OF SUSPENSION OR REVOCATION	REASON
1.			
2.			
3.			

5. List all criminal convictions, except traffic convictions. Include pleadings of guilty to a lesser charge in satisfaction of, or as a substitute for, an original charge, and pleadings of *nolo contendere*. Expunged convictions must be listed per California Penal Code section 1203.4(a).

**IF NONE, INITIAL HERE:** \_\_\_\_\_

	CHARGE	DATE CONVICTED	LOCATION OF COURT
1			
2			
3			
4			
5			
6			

**APPLICANTS:** The right of reasonable inspection shall be a condition for issuance of a police permit. If a permit is issued, representatives of the police department shall have access to the business premises during normal business hours, which may include entry into the non-public portion of the business.

It is the responsibility of the permit holder to renew the permit no later than ten (10) calendar days after the expiration date on the permit. Failure to renew on time will result in penalty fee of \$25.00 plus 10% of the regulatory fee. If a renewal is not completed with all fees and penalties paid within thirty (30) days after the permit expiration date, the permit expires and business operations, occupations, or activities allowed by the permit must cease. A permittee must then begin the application process as a new applicant (Section 33.0308 of the San Diego Municipal Code).

I declare under penalty of perjury that the statements made on this application, including accompanying documents, are true, complete and correct to the best of my knowledge and belief. I understand that any false statements or information are grounds for denial of this application or loss of licensure and that I may be subject to prosecution per section 11.0401(b) of the San Diego Municipal Code.

**I AM AWARE THAT THE INVESTIGATION FEE IS NON-REFUNDABLE. I AM AWARE THAT I AM RESPONSIBLE FOR BEING FAMILIAR WITH AND COMPLYING WITH THE RULES AND REGULATIONS RELATED TO THE POLICE REGULATED BUSINESS OR OCCUPATION FOR WHICH I AM APPLYING. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT RELIEVE ME FROM OBTAINING PERMITS OR APPROVALS REQUIRED BY THE CITY OF SAN DIEGO OR STATE OR FEDERAL LAW. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT RELIEVE ME FROM COMPLYING WITH ALL APPLICABLE LOCAL, STATE, AND FEDERAL LAWS, INCLUDING THOSE RELATED TO BUILDING, ZONING, AND FIRE, AND OTHER PUBLIC SAFETY REGULATIONS. I AM AWARE THAT THE GRANTING OF A POLICE PERMIT DOES NOT VEST ANY DEVELOPMENT RIGHTS IN THE PROPERTY OR BUSINESS.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE OF APPLICATION

**PLEASE BE ADVISED THE INFORMATION YOU PROVIDE ON YOUR APPLICATION MAY BE SUBJECT TO PUBLIC DISCLOSURE PER THE CALIFORNIA PUBLIC RECORDS ACT.**





# Police Permit Application

## BUSINESS ADDENDUM

SAN DIEGO POLICE DEPARTMENT  
1400 'E' STREET · M.S. 735 · SAN DIEGO, CA 92101



PLEASE COMPLETE ALL SECTIONS  
(TYPE OR PRINT LEGIBLY)

TYPE OF PERMIT: \_\_\_\_\_ LOCATION: \_\_\_\_\_

☐ Sole Owner    ☐ Partnership    ☐ Corporation    ☐ LLC

Business Name: \_\_\_\_\_ D.B.A. \_\_\_\_\_

Business Address : \_\_\_\_\_ City & Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Business Tax Certificate # \_\_\_\_\_

LIST ALL FICTITIOUS NAMES THE BUSINESS WILL OPERATE OR ADVERTISE UNDER:

	FICTITIOUS NAME	PHONE #
1		
2		
3		
4		

IF APPLICANT IS A CORPORATION:

NAME OF CORPORATION AS SHOWN IN ARTICLES OF INCORPORATION OR CHARTER	DATE OF INCORPORATION	STATE OF INCORPORATION

NAMES AND RESIDENCE ADDRESSES OF EACH CURRENT CORPORATE OFFICER AND DIRECTOR:

NAME	RESIDENCE ADDRESS	TITLE
		PRESIDENT
		VICE PRESIDENT
		SECRETARY
		TREASURER

### FOR OFFICE USE ONLY

DATE FILED:		
RECEIVED BY:		
DEVELOPMENT SERVICES – ZONING		FIRE & LIFE SAFETY DEPARTMENT
APPROVED BY:		APPROVED BY:
DATE:      PHONE:		DATE:      PHONE:
APPROVING OFFICER: _____ DATE: _____		

IF PARTNERSHIP, LIST NAME AND RESIDENCE ADDRESS OF EACH PARTNER, INCLUDING LIMITED PARTNERS:

NAME	RESIDENCE ADDRESS	TITLE

LIST FULL TRUE NAME AND ANY OTHER NAMES USED BY THE OWNERS AND ANY PERSONS WHO EXERCISE CONTROL OVER THE OPERATION, MANAGEMENT, DIRECTION OR POLICY OF THE BUSINESS, OR WHO ARE RESPONSIBLE FOR THE DAILY OPERATION OF THE BUSINESS:

	FULL NAME	TITLE
1		
2		
3		
4		
5		

APPLICANT'S PREMISES ARE ☐ OWNED ☐ LEASED/RENTED

IF RENTED OR LEASED, PLEASE PROVIDE THE NAME AND ADDRESS OF THE PROPERTY OWNER(S):

PROPERTY OWNER'S NAME	PROPERTY OWNER'S ADDRESS	PHONE #

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\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE OF APPLICATION

\_\_\_\_\_  
RESPONSIBLE PERSON COMPLETING APPLICATION IF NOT APPLICANT - PRINT & SIGN

\_\_\_\_\_  
TITLE/POSITION

## Live Scan Fingerprint Information

### **Municipal Code §33.0304 - Applicant and Employees to Furnish Fingerprints and Photographs**

For the purpose of investigation and for regulation of the occupation or business during the time it is licensed, applicants, *responsible persons*, managers, or *employees* may be required to furnish their fingerprints and photographs. ***Fingerprints must be taken by a governmental agency.*** The *Chief of Police* shall forward the fingerprints to the Identification Division of the State of California, Department of Justice, or the Federal Bureau of Investigation, for identity confirmation and criminal histories.

**The following are acceptable US Governmental Agencies located in San Diego County:**

#### **CHULA VISTA**

Chula Vista Police Department

315 Fourth Street

Chula Vista, CA 92010

(619) 409-5954

M - F (8am-12pm) **Appointments Only**

M - F (1pm-4pm) **Appointments Only**

[www.chulavistapd.org](http://www.chulavistapd.org)

#### **ESCONDIDO**

Escondido Police Department

700 W Grand Ave

Escondido, CA 92025

Contact: (760) 839-4431

M - F (9:00am-3:30pm) **Appointments Only**

#### **LA JOLLA**

UCSD Police Department

9500 Gilman Dr #0017

La Jolla, CA 92093

(858) 534-4361 **Appointments Only**

M - F 9am-3pm

#### **LA MESA**

La Mesa Police Department (Storefront)

6119 Lake Murray Blvd

La Mesa, CA 91942

(619) 667-1342

M, T, W (10am-4pm) **Appointments/Walk In**

Th, F (9am-3pm) **Appointments/Walk In**

#### **SAN DIEGO**

San Diego City Schools Police Services/EOC Bldg  
4100 Normal St

San Diego, CA 92103-2682

(619) 725-7015 **Appointments**

(619) 725-7014 (Information)

T - F (8:30am-1pm) **Walk In**

T - F (2pm-4pm) **Appointments Only**

Not open to general public on Monday's

Closed School Holidays

#### **SAN DIEGO**

San Diego State University

5500 Campanile Dr

SSE-1410

San Diego, CA 92182

(619) 594-3193

M - F (8am-4pm) **Appointments Only**

#### **SAN DIEGO - LSID X54/ML1**

San Diego Community College Police

1536 Frazee Road, 1st Floor

San Diego, CA 92108

Contact: (619) 388-6416

M-Th (7:30am-5pm) **Wlk**

F (7:30am-12 noon) **Wlk**

E-mail address: [dpicou@sdcc.edu](mailto:dpicou@sdcc.edu)

**REQUEST FOR LIVE SCAN SERVICE**

BCII 8016 (3/07)

**Applicant Submission**ORI: CA 0371100 Type of Application: Permtis and Licensing  
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: \_\_\_\_\_

## Agency Address Set Contributing Agency:

San Diego Police Department

Agency authorized to receive criminal history information

08228

Mail Code (five-digit code assigned by DOJ)

P.O. Box 121431 - MS 735

Street No. Street or PO Box

Contact Name (Mandatory for all school submissions)

San DiegoCA92112-1431( 619- ) 531-2250

City

State

Zip Code

Contact Telephone No.

## Name of Applicant:

(Please print)

Last

First

MI

## Alias:

Last

First

Driver's License No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female

Misc. No. BIL - \_\_\_\_\_

Agency Billing Number

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Misc. Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Street No.

Street or PO Box

Place of Birth: \_\_\_\_\_

City, State and Zip Code

Social Security Number: \_\_\_\_\_

Your Number: \_\_\_\_\_  
OCA No. (Agency Identifying No.)Level of Service: ☒ DOJIf resubmission, list Original ATI  
Number: \_\_\_\_\_

## Employer: (Additional response for agencies specified by statute)

Not Applicable

Employer Name

Street No.

Street or PO Box

Mail Code (five digit code assigned by DOJ)

City

State

Zip Code

( )

Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_

Name of Operator

Date

Transmitting Agency

ATI No.

Amount Collected/Billed